



TOWN OF WETHERSFIELD
DEPT. OF PLANNING AND ECONOMIC DEVELOPMENT
505 SILAS DEANE HIGHWAY
WETHERSFIELD, CONNECTICUT 06109
(860) 721-2837 FAX (860) 721-2843

ADMINISTRATIVE SIGN APPLICATION

Street Address of Sign: _____ Zoning District: _____

Is this a new business/business owner? (circle one) *Yes* or *No*.

Name of Property Owner: _____ Phone: _____

Name of Applicant: _____ Phone: _____

Mailing Address of Applicant: _____

The following support information MUST be submitted along with a complete application:

- **Rendering to scale of the proposed sign with the dimensions and colors**
- **Each sign requires a separate application**
- **A site plan or elevation drawing depicting the sign location and landscaping**
- **Information regarding existing signage (type, location, square footage)**
- **\$25.00 fee for each sign (cash or check made payable to the "Town of Wethersfield")**

PLEASE CHECK BELOW THE APPLICABLE PROPOSED SIGN TYPE

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Awning/Canopy | <input type="checkbox"/> Gas Station Product Sign | <input type="checkbox"/> Off premise Event | <input type="checkbox"/> Temporary Sign |
| <input type="checkbox"/> Bulletin Board | <input type="checkbox"/> Open | <input type="checkbox"/> Historic Marker | <input type="checkbox"/> Wall Sign |
| <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Government/Historic
Org. | <input type="checkbox"/> Portable Sign | <input type="checkbox"/> Civic Organization |
| <input type="checkbox"/> Detached Sign | <input type="checkbox"/> Menu Board | <input type="checkbox"/> Real Estate Development Sign | <input type="checkbox"/> Special Event |

PROVIDE THE FOLLOWING INFORMATION AS IT APPLIES TO THE PROPOSED SIGN TYPE:

Is This a Face Replacement Only? (circle one) *Yes* or *No*. If yes, proceed to signature.

Sign Construction Materials: _____

Dimensions: _____ ft x _____ ft Height from Ground to Bottom of Sign: _____ ft

Sign Area _____ Sq Ft Distance from Property Line: _____ ft

Linear Business Frontage: _____ ft Distance from the Curb: _____ ft

Extension from Wall: _____ ft Street Frontage of Property _____ ft

Does the Site already have a Detached Sign? (circle one) *Yes* or *No*

Will the sign be illuminated? (circle one) *Yes* or *No*.

If yes, how will the sign be illuminated? (circle one) *Externally* or *Internally*.

Dates for use of temporary sign: *From* _____ *until* _____

APPLICANT'S SIGNATURE

DATE

PROPERTY OWNER'S SIGNATURE

DATE

(Approval based on information provided by applicant.)

FOR STAFF USE ONLY

DATE RECEIVED

/\$25.00 FEE PAID

Reviewed by: _____ **Date:** _____

Approved by: _____ **Date:** _____